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Applicants

: Grimes, et al.

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: 10/813,336

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: GASTRIN HORMONE IMMUNOASSAYS

Examiner

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Applicants submit this communication and the attached Form PTO/SB/08A as substitute for Form 1449/PTO in compliance with 37 C.F.R. §§1.56, 1.97 and 1.98.

TIME OF TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT

This Information Disclosure Statement is being filed after the mailing date of the first Office Action on the merits.

Commissioner is hereby authorized to charge the fee to Deposit Account No. 23-1703.

Dated: February 28, 2006

Respectfully submitted,

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Enclosures



PTO/SB/08A (08-03)

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Substitute for forms 1440/DTO		Complete if Known		
Substitute	Substitute for form 1449/PTO		Application Number	10/813,336
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Initials*	No.'	Number-Kind Code ² (if known)	MM-DD-YYYY	Applicant of Cited Document	Relevant Passages/Figures Appear

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